Claims Processing - System Documentation

Non-browser, Instructions

EDS - Project Number NCH00025

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Information Technology Section

North Carolina Division of Mental Health, Developmental Disabilities

And Substance Abuse Services

APS Manual 1012

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1. INTRODUCTION

This project is to develop an Integrated Payment and Reporting System (IPRS) for the North Carolina Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SA). The division will use the IPRS to process, track, pay, and report on all claims submitted by providers for services rendered to its constituent population. Billing providers will submit a single claim to the State, and the division's IPRS will pay the claim from the appropriate funding sources, including Medicaid, "Pioneer", Thomas S., Willie M., Special Populations, Mental Retarded (MR)/Mentally Incapacitated (MI) and capitated risk contracts. The system is designed to provide the division, Local Managing Area (LMA)s, and area programs with "seamless integration" of DMH and Division of Medical Assistance (DMA) client, provider, prior authorization and claims data for eligibility lookup and claims filing processing and payment.

DMH/DD/SA services respond to the mental health, developmental disability and substance abuse needs of the people of North Carolina with a variety of programs and services. This division is responsible for administering federal and state funds designated for MH/DD/SA services, operating the State institutions, ensuring area programs meet funding requirements for Federal and State aid, and administering State standards for facility operations and licensing.

DMH/DD/SA currently uses several different systems for the reimbursement of services provided to clients. The Unit Cost Reimbursement (UCR) systems are maintained by the State and reside on an International Business Machine®[1] (IBM) mainframe. These systems are not integrated, and there is no central system for storing client eligibility information. IPRS replaces the existing UCR system with one integrated system for processing all MH/DD/SA claims. This provides DMH/DD/SA with a significantly enhanced system that includes increased flexibility to implement unique policy and payment strategies for MH/DD/SA patients in a timely and cost efficient manner. In addition, the UCR system reduces the amount of State funds required to maintain multiple claims processing systems, establishes a central repository of recipient data, allows the State to more closely monitor service delivery, eliminates potential over-billing, simplifies claim filing practices, and reduces claim’s payment-cycle time.

[1] IBM® is a registered Trademark of the International Business Machine Corp. All Rights Reserved.

2. SCOPE

IPRS includes a new and unique provider eligibility subsystem for DMH/DD/SA services and provides a method of entering provider information for the division and the pilot sites by using browser-based screens. An established process is used to determine a central provider identification number which links to the LMA assigned provider number. Provider number cross-referencing is established for providers that have more than one provider number. Specific provider information may be used to trace the provider back to the local managing agency. For maintenance of provider information, DMH/DD/SA services will also have the ability to add, suspend, cancel, terminate, modify or delete their providers. In addition, IPRS will provide a secure environment for the entry of provider data and provider information maintenance.

The IPRS project provides the DMH/DD/SA with a centralized Client Eligibility System, which will include Pioneer, Thomas S. and Willie M. clients. The information stored in this system will be used to process service claims submitted by billing providers.

The DMH/DD/SA currently uses the Pioneer Unit Cost Reimbursement System, which includes a number of interrelated and integrated policy and procedure components to assist the LMA with service delivery. Thomas S. and Willie M. clients are subsets of the pioneer population. The current Thomas S. and Willie M. systems maintain the eligibility data of each specified age disability program and level of eligibility (where appropriate) for which the client is eligible. Pioneer does not contain any client eligibility data. IPRS maintains this data, which is received directly from the LMAs and Thomas S. and Willie M. systems.

This document provides a structured examination of system parameters for Software Engineers (SE)s as defined in copybooks which identify the coding/programming behind the IPRS effort.

For those using strictly IPRS browsers, keep in mind that browser fields mirror the non-browser SE fields, and extracts data from a non-browser source (data base), making this document valuable for understanding copybook information and Data Element Definitions (DED)s (common elements for both).

3. ACRONYMS AND TERMS/ABBREVIATIONS

This section covers acronyms, terms, and abbreviations used throughout this document. Unique terms and abbreviations are explained within their respective section in this document. Most code and/or DED elements are not explained or covered in this section, but are covered in their respective DED section.

Acronyms

Acronym	Definition
DED	Data Element Definition(s)
DMA	Division of Medical Assistance
DMH	Division of Mental Health
ESC	Error Status Code
ICN	Internal Control Number
ID	Identification
IPRS	Integrated Payment and Reporting System
LMA	Local Managing Area
MID	Medical Identification number: base identification number assigned to the client by the State.
PA	Prior Approval
UCR	Unit Cost Reimbursment

Terms/Abbreviations

Term/Abbreviation	Definition

4. NON-BROWSER COPYBOOKS, FUNCTIONS, AND INTERFACE (SE/MAINFRAME)

These are the "behind-the-scene" SE workings.

4.1 Components

Built Data Definition Files

File Number	Copybook	Description
1.	HMPYDIAG	Claims Processing Recipient Diagnostics File
2.	IPPY2301	Population Group List File
3.	IPPY2601	Customer Population Group File - Claims Processing Workpacket

4.1.1 Claims Processing Recipient Diagnostics File

4.1.1.1 Copybook HMPYDIAG

```
------- FIELD LEVEL/NAME ---------- --PICTURE--    FLD  START     END  LENGTH
DIAG-MSTR-KEY                                              1     168     168
5 DIAG-MSTR-KEY                       GROUP          1      1      11      11
  10 DIAG-MSTR-5                      X(5)           2      1       5       5
  10 FILLER                           X              3      6       6       1
  10 DIAG-POP-GROUP                   X(5)           4      7      11       5
5 DIAG-SEX                            X              5     12      12       1
5 DIAG-TPL                            X              6     13      13       1
5 DIAG-ACCEPT-IND                     X              7     14      14       1
5 DIAG-PA-IND                         X              8     15      15       1
5 DIAG-FROM-AGE                       XX             9     16      17       2
5 DIAG-TO-AGE                         XX            10     18      19       2
5 DIAG-DESCRIP                        X(60)         11     20      79      60
5 DIAG-DMA-MEMO                       X(9)          12     80      88       9
5 DIAG-LAST-ACTION                    9(9)          13     89      93       5
5 DIAG-EDIT-LIST(1) OCCURS 10 TIMES   GROUP         14     94      96       3
  10 DIAG-EDIT-CODE(1)                9(5)          15     94      96       3
```

4.1.1.2 Data Element Definitions

Data Definition File – Claims Processing Recipient Diagnostics File – HMPYDIAG		
Data Element/Structure	**Definition/Explanation**	**Comments**
DIAG-ACCEPT-IND	Identifies if the diagnosis code must be further	Indicators are:

Data Definition File – Claims Processing Recipient Diagnostics File – HMPYDIAG		
Data Element/Structure	**Definition/Explanation**	**Comments**
	broken down on inpatient claims to be more descriptive for drug grouping.	A – Accept F – Further submission Q – Questionable U – Unacceptable
DIAG-DESCRIP	The description of the diagnosis code.	
DIAG-DMA-MEMO	The Division of Medical Assistance (DMA) memo number that generated the last update to the file.	
DIAG-EDIT-CODE	The Error Status Code (ESC) the diagnosis could fail.	For information only. New field not currently up-to-date. Occurs 10 times.
DIAG-EDIT-LIST	Provides a list of edits instead of a single edit.	Comprised of "DIAG-EDIT-CODE". Occurs 10 Times.
DIAG-FROM-AGE	The youngest age for which the diagnosis code is valid.	
DIAG-LAST-ACTION	Date record was last changed.	
DIAG-MSTR-5	The key code for the diagnosis file.	
DIAG-MSTR-KEY	The key code for the diagnosis file.	The "DIAG-KEY" (11 bytes) – consists of "DIAG_MSTR-5", a "FILLER", and "DIAG-POP-GROUP".
DIAG-PA-IND	Indicates if the diagnosis code requires prior approval.	For information only. No editing is performed using this field.
DIAG-POP-GROUP	The population group payer.	
DIAG-SEX	The gender for which the diagnosis code is valid.	Genders are: M – Male F – Female B – Both (intersexed)
DIAG-TO-AGE	The oldest age for which the diagnosis code is valid.	
DIAG-TPL	Indicates a diagnosis may be accident related and may be eligible for payment by a third	For information only. Not used in editing.

Data Definition File – Claims Processing Recipient Diagnostics File – HMPYDIAG		
Data Element/Structure	**Definition/Explanation**	**Comments**
	party.	Indicators are: Y – Yes N – No

4.1.2 Population Group List File

4.1.2.1 Copybook IPPY2301

```
RECORD LAYOUT DATASET : PDSRA.HMXCM.IPRSDEV.HOLD.COPY
 MEMBER               : IPPY2301

------- FIELD LEVEL/NAME ---------- --PICTURE--    FLD  START     END  LENGTH
(PREF)POPGRP-ICN                                          1      50      50
5 (PREF)POPGRP-ICN                  GROUP           1     1      15      15
  10 (PREF)POPGRP-ICN-REG           XX              2     1       2       2
  10 (PREF)POPGRP-ICN-JUL           X(7)            3     3       9       7
  10 FILLER                         X(6)            4    10      15       6
5 (PREF)POPGRP-DTL-NUM              XX              5    16      17       2
5 (PREF)POPGRP-KEY                  GROUP           6    18      39      22
  10 (PREF)POPGRP-ORIG-ICN          X(15)           7    18      32      15
  10 (PREF)POPGRP-ORIG-DTL-NUM      XX              8    33      34       2
  10 (PREF)POPGRP-POP-GRP           X(5)            9    35      39       5
5 (PREF)POPGRP-PROCESSED-IND        X              10    40      40       1
5 FILLER                            X(10)          11    41      50      10


     *** END OF LAYOUT REPORT ***
```

4.1.2.2 Data Element Definitions

Data Definition File – Population Group List File – IPPY2301		
Data Element/Structure	**Definition/Explanation**	**Comments**
POPGRP-DTL-NUM	The population group detail number on the claim.	
POPGRP-ICN	The population group's Internal Control Number (ICN).	
POPGRP-ICN-JUL	The population group's Internal Control Number (ICN) Julian Date.	Date format: YYDDD
POPGRP-ICN-REG	The population group's region for the group's Internal Control Number (ICN).	

Data Definition File – Population Group List File – IPPY2301		
Data Element/Structure	**Definition/Explanation**	**Comments**
POPGRP-KEY	Group level field of key for file.	
POPGRP-ORIG-DTL-NUM	The population group's original detail number.	
POPGRP-ORIG-ICN	The claim's original Internal Control Number (ICN).	The population group may have been reassigned an ICN. This should be the same as "POPGRP-ICN" if the current ICN is the same as the original ICN.
POPGRP-POP-GRP	The population Group that could possibly pay the claim.	
POPGRP-PROCESSED-IND	Indicates that the Population Group (above) has been processed in a previous cycle.	

4.1.3 Customer Population Group File

4.1.3.1 Copybook IPPY2601

```
MEMBER                : IPPY2601

------- FIELD LEVEL/NAME ---------- --PICTURE--    FLD  START     END  LENGTH
(PREF)CUST-POPGRP-ICN                                        1      70      70
5 (PREF)CUST-POPGRP-ICN               X(15)            1      1      15      15
5 (PREF)CUST-POPGRP-ORIG-ICN          X(15)            2     16      30      15
5 (PREF)CUST-POPGRP-DTL-NUM           XX               3     31      32       2
5 (PREF)CUST-POPGRP-POP-GRP           X(5)             4     33      37       5
5 (PREF)CUST-POPGRP-STATUS            X                5     38      38       1
5 (PREF)CUST-POPGRP-CLIENT-ID         X(11)            6     39      49      11
5 (PREF)CUST-POPGRP-AMOUNT            S9(7)V99         7     50      54       5
5 FILLER                              X(16)            8     55      70      16
```

4.1.3.2 Data Element Definitions

Data Definition File – Customer Population Group File – IPPY2601		
Data Element/Structure	**Definition/Explanation**	**Comments**
CUST-POPGRP-AMOUNT	The amount paid for the claim detail.	
CUST-POPGRP-CLIENT-ID	The client identification (ID) for the claim being processed.	

Data Definition File – Customer Population Group File – IPPY2601		
Data Element/Structure	**Definition/Explanation**	**Comments**
CUST-POPGRP-DTL-NUM	The claim detail number.	
CUST-POPGRP-ICN	The claim's Internal control Number (ICN).	
CUST-POPGRP-ORIG-ICN	The original Internal control Number (ICN) of the claim being processed.	
CUST-POPGRP-POP-GRP	Pop group that paid or denied the claim.	
CUST-POPGRP-STATUS	This field indicates whether the claim detail being processed was piad or denied.	

DOCUMENT CHANGE LOG

Draft versions have no approval authority and may contain many iterations before approval authority.

Version (Major changes are new versions)	**Approval Date** (mm/dd/yy)	**Changed By** (Person who made the changes for this version)	**Approval** (Approving Authority (name) – may be "N/A")	**Reason** (List major change reasons only)
Draft	xx/xx/xx	Russell Blackburn Jr.		Initial document creation and updates until v1.0 approval.
v1.0		Mukesh Karmalkar		Added definitions for fields in Pop Group File and Cust Pop Group File.